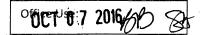


## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



j	Statement of Committee Or	ganization	HAND DELIVERED
1.	Statement Information		
	Date: 9/27/2016		
	Type: New Amended (if amending, enter MEC ID C	000865 & section c	hanged)
2.	Committee Information		
	Name of Committee		
	Committee Mailing Address, City, State, & Zip		()
	Official Committee Email Address	County Clerk or Board of Election Commiss	sioners
	Committee Type: Campaign Candidate Continuing	g (PAC) Debt Service Exp	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information		
PONDY	Rod Reid Treasurer's Name (First & Last)	T	
	P.O. Box 909 Le banon, Mo 6553 Treasurer's Malling Address, City, State, & Zip	6 (417) 532-7000 Treasurer's Home Telephone Number	(417) 532-7000 Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	1)
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Malling Add	dress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No		
5.	Official Bank Account Information (required by all committee	s)	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees mus	st_include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committee:	s Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all committees)		
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Compilator Transvers	Candidate (Candidate Canadate - Call )	